

**U.S. NAVAL SUPPORT ACTIVITY
CONFINED SPACE/HAZARDOUS AREA ENTRY PERMIT**

TYPE OF ENTRY (Check One): <input type="checkbox"/> Pump Station <input type="checkbox"/> Pump Station <input type="checkbox"/> Manhole <input type="checkbox"/> Other (Explain): Dry Well Wet Well		DATE: _____ PERMIT# _____ EXPIRES AT _____ DATE: _____ TIME: _____	
REASON FOR ENTRY: _____			
JOB LOCATION (ADDRESS): _____			
ENTRY SUPERVISOR: _____			
SPECIFIC HAZARDS THAT MAY BE ENCOUNTERED: <input type="checkbox"/> ATMOSPHERIC <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER (explain) _____			
AUTHORIZED ENTRANTS		TIME IN	TIME OUT
ATTENDANT		N/A	N/A

CONTROL OF HAZARDS

PHYSICAL HAZARDS REQUIREMENTS	YES	NO	ATMOSPHERIC REQUIREMENTS					
FALL PROTECTION EQUIPMENT			ACCEPTABLE LIMITS FOR ENTRY					
LIGHTING (EXPLOSION PROOF)			OXYGEN		20% - 22%	(O ₂)		
HEARING PROTECTION			COMBUSTIBLE GAS (LEL)		10% MAX	(CH ₄)		
LOCKOUT/TAGOUT ELECTRICAL			HYDROGEN SULFIDE		10 PPM	(H ₂ S)		
SECURE AREA AND MONITOR			CARBON MONOXIDE		35 PPM	(CO)		
PERSONAL SAFETY EQUIPMENT			RESULTS	TIME	O₂	CH₄	H₂S	CO
HARD HATS			PRE-ENTRY					
ON-SITE RESCUE EQUIPMENT REQUIRED	YES	NO	15 MIN					
FIRE EXTINGUISHER			30 MIN					
RESPIRATOR/SCBA			45 MIN					
COMMUNICATIONS DEVICES			60 MIN					
MECHANICAL RETRIEVAL EQUIPMENT			75 MIN					
ATMOSPHERIC EQUIPMENT REQUIRED	YES	NO	GAS DETECTOR INFORMATION					
GAS DETECTOR			UNIT#		OPERATIONAL			
BLOWER / PURGE / VENTILATE			LAST CALIBRATED		BATTERY CHECK			
OTHER RESCUE INFORMATION CONCERNING THIS ENTRY			OTHER PERTINENT INFORMATION CONCERNING THIS ENTRY					

EMERGENCY RESCUE INFORMATION: In the event of a life threatening emergency, DIAL 911. If a telephone is not available call "EMERGENCY!" on the mobile radio system, tell them your address and to dial 911 and ask them to dispatch the NSA Fire & Rescue Team.

I certify that I have evaluated the situation and assigned personnel and the procedures to be followed are in compliance with the confined space procedures.

Upon completion of entry:
 (White) Original to Combined Space Program Mgr.
 (Blue) Copy to Entry Supervisor
 (Yellow) Copy to Safety Office

SIGNED _____
THIS PERMIT MUST REMAIN ON-SITE DURING ENTRY
 (Use Reverse if Necessary)